

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY NATIONAL POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00606962
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Angle Mastagni		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2022
Mailing Address 507 N Sylvania Ave		Amount 30000.00
City Fort Worth	State TX	Zip Code 76111
Purpose of Expenditure Estimate for phone calls	Category/ Type 001	Transaction ID : SE.155111 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2022
Name of Federal Candidate MCLEOD-SKINNER, JAMIE, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee LC Media		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2022
Mailing Address 1604 Fawn Lane		Amount 175000.00
City Huntington	State PA	Zip Code 19006
Purpose of Expenditure estimate of extension of TV and digital ads	Category/ Type 001	Transaction ID : SE.155109 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2022
Name of Federal Candidate MCLEOD-SKINNER, JAMIE, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	205000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Boland, Michael, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
11 / 04 / 2022

Signature